

STATE OF ALASKA
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Division of Air and Water Quality

AUTHORIZATION NUMBER 438 UNDER EXCAVATION DEWATERING
General Permit Number 9940-DB002

See this General Permit for additional details on permit requirements

THE FOLLOWING RESPONSIBLE PARTY IS AUTHORIZED TO DISCHARGE IN ACCORDANCE WITH THE TERMS OF GENERAL PERMIT 9940-DB002, THE INFORMATION PROVIDED IN THE APPLICATION, AND ANY SITE SPECIFIC REQUIREMENTS LISTED IN THIS AUTHORIZATION:

First Name: John R. Last Name: Wilson Phone Number: (907) 424-3455
Company Name: Wilson Construction Inc. Fax Number: (907) 424-3455
Mailing Address: PO Box 813
City: Cordova State: AK Zip: 99574
Email Address: wilson@ctcak.net
Onsite Contact: Steve Sanderson Phone Number: (907) 424-3452

FACILITY:

Facility Name: Cordova Wastewater Treatment Plant Phone Number: (907) 424-6200
Mailing Address: Fax Number: _____
City: Cordova State: AK Zip: _____
Physical Address: Same as mailing address

AUTHORIZED DATES OF DISCHARGE:

Beginning Date: 06/25/2002

Ending Date: 08/15/2002

AUTHORIZED DISCHARGE FLOW RATES:

Average: 10,000 Gallons Per Day

Maximum: 20,000 Gallons Per Day

Estimated Total Discharge Volume: 550,000 Gallons (based on maximum, not reasonably likely)

Rate of Pumping: Up to 10 Gallons Per Minute

AUTHORIZED LOCATION OF DISCHARGE:

Name of receiving area: 100 yds. to Orca Inlet

Latitude / Longitude of Discharge Point(s) in:

Decimal Degrees: Latitude: 60.5386° Longitude: 145.7822°

ADDITIONAL SITE SPECIFIC PERMIT REQUIREMENTS UNDER THIS AUTHORIZATION:

Permittee will monitor as listed in section IV.A of 9940-DB002 with the exception of the TAqH and TAH analyses, which will be performed daily for the first three days of pumping and weekly thereafter. The TAqH and TAH analyses should have as quick a turnaround time from the lab as practicable. If any TAqH and/or TAH analyses result in levels higher than those listed in section III.B of 9940-DB002 the permittee is required to cease all pumping and contact the Anchorage office of the ADEC immediately. The total iron monitoring requirement is waived for this authorization.

SIGNATURE:**SIGNATURE ON FILE**_____
Signature**06/06/02**_____
DateAlan F. Kukla_____
Printed NameEnvironmental Specialist_____
Title

File Number: 900.48.007